

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>02/13/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>71634</i>	<i>3/23/00</i>
		<i>69605</i>	<i>10-500</i>

### INDEX OF CLAIMS

✓ ..... Rejected	N ..... Non-elected
= ..... Allowed	I ..... Interference
- (Through numeral)... Canceled	A ..... Appeal
+ ..... Restricted	O ..... Objected

Claim	Final	Original	Date
1	✓	✓	<i>03/21/02</i>
2	✓	✓	<i>03/21/02</i>
3	✓	✓	<i>03/21/02</i>
4	✓	✓	<i>03/21/02</i>
5	✓	✓	<i>03/21/02</i>
6	✓	✓	<i>03/21/02</i>
7	✓	✓	<i>03/21/02</i>
8	✓	✓	<i>03/21/02</i>
9	✓	✓	<i>03/21/02</i>
10	✓	✓	<i>03/21/02</i>
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13	✓	✓	<i>03/21/02</i>
14	✓	✓	<i>03/21/02</i>
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19	✓	✓	<i>03/21/02</i>
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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